

The ACT for Tennessee Statewide Test  
School Information—2009

TN

High School Name: \_\_\_\_\_ ACT HS Code: \_\_\_\_\_

1. Principal's Information

Information Provided by Tennessee  
Department of Education (if available):

Please write in the correct information:

Name:

\_\_\_\_\_

Work Phone:

\_\_\_\_\_

(be sure to include an extension, if applicable)

Fax Number:

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

2. School Office Information

Mailing Address:

\_\_\_\_\_

City:

\_\_\_\_\_

State, Zip

\_\_\_\_\_

3. Indicate normal attendance hours for students at your school. \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M.

4. A. Please indicate your total grade 11 enrollment: \_\_\_\_\_

B. Please indicate the number of grade 11 students  
expected to test during the weekday administration  
of the ACT for Tennessee on Wednesday, April 22, 2009: \_\_\_\_\_

(Do **not** inflate your counts as a standard overage will be included)

5. Office Hours and Days of Operation

To facilitate delivery/pickup of materials, indicate  
your school's standard hours and days of operation. Hours available: \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M.

Days of the Week: \_\_\_\_\_ through \_\_\_\_\_

6. Spring Break

Indicate any dates your school will be closed for break in Spring 2009.

Dates closed: \_\_\_\_\_ to \_\_\_\_\_

7. Signature Required

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

Please continue to page 2. Remember, your completed forms must be received at ACT by  
October 31, 2008. Keep a copy for your records. Thank you.

Spring 2009  
Appointment of Testing Staff

TN

Page 2 of 2

High School Name: \_\_\_\_\_ ACT HS Code: \_\_\_\_\_

As principal, you are responsible for appointing staff to fill three important testing positions:

- The Test Supervisor is responsible for overseeing all ACT State Testing at your school.
- The Back-up Test Supervisor assumes responsibility if the Test Supervisor cannot serve.
- The Test Accommodations Coordinator is responsible for overseeing ACT State Accommodations Testing at your school.

**Step 1:** Please read the enclosed *Standard Testing Requirements, Summary of Test Administration Policies for the ACT State Testing, Test Supervisor and Back-up Test Supervisor Qualifications and Responsibilities*, and *Test Accommodations Coordinator Qualifications and Responsibilities* before making your staffing choices. If you wish, you may appoint yourself to serve in one of these roles. You **must** designate a person to serve in each role, and the same person may not serve as both Test Supervisor and Back-up Test Supervisor.

**Step 2:** Please print the information requested below for each individual you are appointing.

**Step 3:** Your school's 6-digit ACT code is printed above and is also on the profile within each packet of materials enclosed with this mailing. Give the appropriate packets to appointed individuals so they can review and complete the forms in their packets.

**1. Test Supervisor (TS)**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**2. Back-up Test Supervisor (BU)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Test Accommodations Coordinator (TAC)**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Note:** TS, BU, and TAC personnel have access to secure test materials prior to testing. Therefore, to avoid the appearance of a conflict of interest—and to protect relatives or wards from allegations of impropriety—TS, BU, and TAC personnel may **not** be related to **any** examinee participating in the state examination this year **anywhere** in Tennessee. Relatives or wards include children, stepchildren, grandchildren, nieces, nephews, siblings, in-laws, spouses, and persons under your guardianship.

**Principal's Signature (required)**

I certify that the individuals named on this form meet the required qualifications and will personally carry out the responsibilities of their appointed testing roles, with full support from my office. I have given each named individual the applicable packet of materials enclosed with this mailing and have instructed them to read the material, complete, and return the required form to ACT.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

Please return this form via fax to 319/337-1019 **by October 31, 2008**, or use the enclosed postage-paid envelope. Keep a copy for your records. Thank you.